

State of Connecticut

GENERAL ASSEMBLY



PERMANENT COMMISSION ON THE STATUS OF WOMEN

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Written Testimony of the Permanent Commission on the Status of Women Before the Appropriations Committee Thursday, February 24, 2005

H.B. 6671, An Act Concerning the State Budget for the Biennium Ending June 30, 2007, and Making Appropriations Therefor

Re: Proposed appropriations for the Department of Public Health

The Permanent Commission on the Status of Women thanks the committee for this opportunity to provide written testimony regarding the Department of Public health budget appropriations. We are also submitting this testimony on behalf of the Connecticut Women's Health Campaign, which we convene and co-chair.

Breast and Cervical Cancer Detection and Treatment

Since 1996, the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) has provided free mammograms and pap smear tests to low-income women without health insurance coverage. In 2001, the program was expanded to actually treat the women who did not have insurance coverage to do so. This program has assisted many low-income women to diagnose and treat breast cancer, for example in 2001, of the several thousand women who have received treatment and screening services, 128 women were diagnosed with breast cancer, and 100 women were diagnosed with cervical cancer.

However, despite the overwhelming need for and the success of the program, the line item has been cut over \$200,000 FY 2005-2007.¹ These cuts will further compound the financial difficulties that the program is experiencing. Due to previous budget reductions, this program has been forced to stop enrolment and re-screenings due to lack of funding. As of today, there are 95 women on its waiting list and the numbers increase daily. The program is currently \$18,000 in debt.

We urge that you increase, not decrease, funding to this program that clearly assists women in life-threatening situations.

Community Health Services

We urge this Committee to reject the 2-½ million dollar cut to the community health services line item.²

The Center for Economic Analysis at UCONN estimates that uninsured residents of Connecticut received approximately \$377 million in uncompensated care in 2002, and that our state loses between \$584 million to \$1 billion each year due to the increased mortality and morbidity of people without health insurance.³ Much of the uncompensated care is provided via community health centers and services.

These costs will escalate due to the restructuring of the State Assisted General Assistance (SAGA) program that went fully into effect on October 1, 2004.⁴ The newly implemented system caps funding to the hospitals and the Federally Qualified Health Centers, which are statutorily designated with delivering medical care. Connecticut hospitals stand to lose up to \$22 million a year under the new SAGA restrictions and FQHCs will lose between \$2 million and \$5 million a year. These losses threaten the ongoing financial viability of essential non-profit health care providers.

Thank you for the opportunity to testify on these matters.

¹ *Governor's Budget Summary*, pp. B-86-88. In FY 2005-2006, it is recommended to fund the program \$1,603,376 which is \$62,966 (3.78%) less than current services; and in FY 2006-2007, it is recommended to fund the program \$1,604,137 *7.92%^ which is \$137,950 less than current services.

² *Governor's Budget Summary*, pp. B-86-88. In FY 2005-2006, it is recommended to flat fund the line item \$5,114,633 each fiscal year which is \$885,178 (14.75%) less than current services in 2005-2006 and \$1,173,169 (18.66%) less than current services in 2006-2007.

³ Stan McMillen, Kathryn Parr, Moh Sharma, *Uninsured: The Costs and Consequences of Living Without Health Insurance in Connecticut*, Connecticut Center for Economic Analysis, University of Connecticut; Universal Health Care Foundation of Connecticut, December, 2004,.

⁴ Conn. Gen. Stat. Section 17b-257 as amended by Section 43 of P.A. 03-03 (June Sp. Sess.).

